

# IMPROVING PEDIATRIC PAIN MANAGEMENT PRACTICE





## **Background**

#### Pain Management is a Nursing Responsibility

- Variety of tools utilized
- Quality Initiative
- Based upon child's developmental level
- Proper documentation ensures effective pain management

## **Purpose**

### **Improve Pediatric Pain Assessment & Documentation**

- Based upon NDNQI pain data, and
- Areas of focus

# **Strategies to Improve Practice**

- Hospital wide area of focus
- Units shared "best practices" to disseminate throughout the hospital
- Collection of data over a 3 year period
- Clinical care
- Patient safety
- Comprehensive documentation
- Pain Resource Nurse Program Established
- Unit based champions
- Monthly meetings to discuss pain management including challenges in clinical practice
- Identify projects to improve practice
- Critique literature and share best practice
- Expanded to include other disciplines (e.g. Child Life Specialists

## **Strategies to Improve Practice**

Revisions to the nursing documentation Patient Care Flow Sheet were made to link pain management data in one area for a more logical flow of information and add coded lists of common pain interventions.

_	Scale Legend F=FLACC rF= revised FLACC N=Numeric RN= nursing judgment WB=Wong-Baker FACES	0=Medication-Opioid 4=Music 1=Medication-Nonopioid 5=Repositioning 2=Distraction 6=Environmental modification 3=Relaxation 7=Other
P	Time	
Α	Scale Used	
I N	Pain Score	
	Interventions	

- Evidence review and adoption of the rFLACC as a pain assessment tool for children with cognitive impairment
- Added caregiver specific instructions to prompt nurse/caregiver discussion of child specific pain cues.
- Unit efforts included chart audits with direct, individual coaching to nurses at point of care to improve use of the rFLACC scale.

Contraction	Scoring			
Categories	0		2	
Face	No particular expression or smile	Occasional grimacel frown; withdrawn, disinterested, appears said or worried	Consistent grimace or trown; Frequenti constant chin, clenched jaw, distressed- looking face; supression of fright or panic, Individualized behavior;	
Legs	Normal position or relaxed; usual tone and motion to limbs	Uneasy, restless, tense; occasional fremore	licking or legs drawn up; marked increase in spassisity, constant tremors or jerking individualized behavior:	
Activity	Lying quietly, normal position, moves easily: regular rhythmic respirations	Squirming, shifting back and forth, tense or guarded movements; mildly agitated (head back and forth, aggression); shallow, splinting respirations, intermittent sighs.	Arched, rigid, or jerking; severe agitation; head banging; shivering (not rigors); breath holding, gasping or sharp intake of breaths, severe splinting Individualized behavior:	
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint, occasional verbal outburst or grunt	Crying steadily, screams or sobs, frequent complaints, repeated outbursts, constan grunding individualized behavior:	
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to: distractible	Difficult to console or comfort, pushing away caregiver, resisting care or comfort measures Individualized behavior:	

Malviya, S., Voepel-Lewis, T., Burke, C., Merkel, S., & Tait, A. R. (2006). The revised FLACC observational Pain tool: Improved reliability and validity for Pain Assessment in children with cognitive impairment. Pediatric Anesthesia, (16), 258-265.

#### Results

- Weekly interdisciplinary rounds were initiated to discuss clinical care and specific pain management strategies e.g. pain management for planned complex dressing changes
- •The PRN program, modification of pain documentation and unit specific efforts have been instrumental in improving pain management.
- The hospital wide and unit level efforts led to improved completion of AIR cycles and more frequent pain assessments.
- •Nursing Grand Rounds on September 30, 2009 highlighted the successful work of CHOP nurses through presentations and posters for the larger CHOP community to review and discuss.
- Ultimately, our efforts toward improved assessment and reassessment translate into improved pain relief for our pediatric patients.

## **Evaluation**

Success is measured by sustained improvement in 2009 quarterly NDNQI reported AIR cycles and an increase in the number of pain assessments initiated in 24 hours/pt.

## **Implications for Practice**

Development of systems, both unit and hospital wide, that allow for intermittent practice review, monthly evidence updates and ongoing interdisciplinary discussion about clinical pain issues as they relate to patient care is key to improvement.

Reference the 2011 NDNQI/ANA monograph.